



# State of Utah

Department of Environmental Quality  
Division of Air Quality  
Lead-Based Paint Program  
150 North 1950 West  
P.O. Box 144820  
Salt Lake City, Utah 84114-4820

UDEQ/DAQ Date Received Stamp Only

Check #/Amount \_\_\_\_\_

## LEAD-BASED PAINT APPLICATION FOR COURSE ACCREDITATION

### A. Applicant Information

Please complete all appropriate fields in this application. Please be aware that proper and thorough completion of this application and the submission of required documents will expedite the course accreditation process and you will receive your Utah Department of Environmental Quality/Division of Air Quality (UDEQ/DAQ) Lead-Based Paint (LBP) course accreditation sooner. Please complete this form by writing legibly (using blue or black ink only) or by using a typewriter/computer printer.

Name of Training Program: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Business, State, Government, etc.

Applicant's Address: \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address: \_\_\_\_\_  
(If different than above) Street Address City State Zip Code

Applicant's Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_ Applicant's Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

Do you request a fee waiver as a: ☐ Local Government Applicant ☐ State Government Applicant

☐ Nonprofit Applicant: IRS Issued 501(c)(3) Number: \_\_\_\_\_  
(Please submit a copy of the official IRS letter confirming your nonprofit designation and IRS 501(c)(3) number with your application).

Please list the locations in Utah where the training will take place. Attach additional sheets of paper using the following format if necessary.

\_\_\_\_\_  
Street Address, Suite No. (Please, no P.O. Box Numbers) City State Zip Code

\_\_\_\_\_  
Street Address, Suite No. (Please, no P.O. Box Numbers) City State Zip Code

\_\_\_\_\_  
Street Address, Suite No. (Please, no P.O. Box Numbers) City State Zip Code

## B. Course(s) to be accredited or reaccredited

Check the appropriate box(es) to indicate which course(s) you are applying for UDEQ/DAQ accreditation or reaccreditation. **Accreditation** is the first time you apply to the UDEQ/DAQ LBP program for approval of initial and/or refresher certification courses. **Reaccreditation** is when you apply to extend courses currently accredited by the UDEQ/DAQ LBP Program.

Inspector	Risk Assessor	Abatement Worker	Supervisor	Project Designer
<input type="checkbox"/> Initial Accreditation	<input type="checkbox"/> Initial Accreditation	<input type="checkbox"/> Initial Accreditation	<input type="checkbox"/> Initial Accreditation	<input type="checkbox"/> Initial Accreditation
<input type="checkbox"/> Initial Reaccreditation	<input type="checkbox"/> Initial Reaccreditation	<input type="checkbox"/> Initial Reaccreditation	<input type="checkbox"/> Initial Reaccreditation	<input type="checkbox"/> Initial Reaccreditation
<input type="checkbox"/> Refresher Accreditation	<input type="checkbox"/> Refresher Accreditation	<input type="checkbox"/> Refresher Accreditation	<input type="checkbox"/> Refresher Accreditation	<input type="checkbox"/> Refresher Accreditation
<input type="checkbox"/> Refresher Reaccreditation	<input type="checkbox"/> Refresher Reaccreditation	<input type="checkbox"/> Refresher Reaccreditation	<input type="checkbox"/> Refresher Reaccreditation	<input type="checkbox"/> Refresher Reaccreditation

## C. Course Accreditation Fees

The UDEQ/DAQ has established an hourly rate of \$70.00/hour for the accreditation of lead-based paint certification courses. Course accreditation fees have been calculated in the table below. Appropriate fee(s) must be submitted to the UDEQ/DAQ at the time of application. Accreditation fees will be waived for non-profit training providers with a copy of the official IRS letter confirming current 501(c)(3) status. Please write the indicated fee in the far right column of the table for all courses checked in Section B above, add all course accreditation fees and put the total in the bottom, right corner of the table.

	UDEQ/DAQ Course Accreditation Fee	Course Accreditation Fee
Initial LBP Inspector Accreditation	\$2,200.00	
Initial LBP Inspector Re-Accreditation	\$1,400.00	
Refresher LBP Inspector Accreditation	\$ 890.00	
Refresher LBP Inspector Re-Accreditation	\$ 625.00	
Initial LBP Risk Assessor Accreditation	\$1,550.00	
Initial LBP Risk Assessor Re-Accreditation	\$1,000.00	
Refresher LBP Risk Assessor Accreditation	\$ 890.00	
Refresher LBP Risk Assessor Re-Accreditation	\$ 625.00	
Initial LBP Supervisor Accreditation	\$2,850.00	
Initial LBP Supervisor Re-Accreditation	\$1,800.00	
Refresher LBP Supervisor Accreditation	\$ 890.00	
Refresher LBP Supervisor Re-Accreditation	\$ 625.00	
Initial LBP Abatement Worker Accreditation	\$1,550.00	
Initial LBP Abatement Worker Re-Accreditation	\$1,000.00	
Refresher LBP Abatement Worker Accreditation	\$ 890.00	
Refresher LBP Abatement Worker Re-Accreditation	\$ 625.00	
Initial LBP Project Designer Accreditation	\$ 890.00	
Initial LBP Project Designer Re-Accreditation	\$ 625.00	
Refresher LBP Project Designer Accreditation	\$ 560.00	
Refresher LBP Project Designer Re-Accreditation	\$ 440.00	
Total LBP Multi-Discipline Certification Course Accreditation Fee		

## D. Training Course Materials

Will you be using EPA Model Lead-Based Paint training materials?

☐ Yes ☐ No

If no, please include a copy of the course agenda and a copy of the student and instructor training manuals for each course.

## E. Qualifications of Training Program Manager

Name of Training Program Manager: \_\_\_\_\_  
Last First Middle Initial

Training Program Manager's Title: \_\_\_\_\_

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Name relevant colleges, graduates schools, and/or technical, vocational, or special trade schools that the training program manager has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated, if applicable. Attach additional sheets of paper using the following format if necessary.

School	Course of Study	Hours Completed	Highest Level	Completed Degree(s) Received	Year Graduated
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School	Course of Study	Hours Completed	Highest Level	Completed Degree(s) Received	Year Graduated
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School	Course of Study	Hours Completed	Highest Level	Completed Degree(s) Received	Year Graduated
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Please indicate how the training program manager satisfies the requirements of R307-840, Utah Administrative Code and 40 CFR 745.225(c)(1):

Construction Industry: ☐ Experience, or ☐ Education, or ☐ Training

Specific experience, education, or training type: \_\_\_\_\_

Location: \_\_\_\_\_ Years: \_\_\_\_\_  
City State

and one of the following:

☐ Teaching workers or adults: ☐ Experience, or ☐ Education, or ☐ Training

Location: \_\_\_\_\_ Years: \_\_\_\_\_  
City State

If applicable, indicate: Date training completed: \_\_\_\_\_  
Month/Day/Year

Date teaching certificate received: \_\_\_\_\_  
Month/Day/Year

or:

☐ Bachelor's or graduate degree in an appropriate field:

Degree Discipline: \_\_\_\_\_

or:

☐ Experience managing a training program specializing in environmental hazards:

Program Name: \_\_\_\_\_ Years: \_\_\_\_\_

Name of Training Center: \_\_\_\_\_ Location: \_\_\_\_\_  
City State

## F. Qualifications of Principal Course Instructor

Name of Principal Course Instructor: \_\_\_\_\_  
Last First Middle Initial

Principal Course Instructor's Title: \_\_\_\_\_

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Name relevant colleges, graduates schools, and/or technical, vocational, or special trade schools that the principal course instructor has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated, if applicable. Attach additional sheets of paper using the following format if necessary.

School	Course of Study	Hours Completed	Highest Level	Completed Degree(s) Received	Year Graduated
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School	Course of Study	Hours Completed	Highest Level	Completed Degree(s) Received	Year Graduated
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Please indicate how the principal course instructor satisfies the requirements of R307-840, Utah Administrative Code and 40 CFR 745.225(c)(2) and:

Teaching workers or adults: ☐ Experience, or ☐ Education, or ☐ Training

Location: \_\_\_\_\_ Years: \_\_\_\_\_  
City State

If applicable, indicate: Date training completed: \_\_\_\_\_  
Month/Day/Year

Date teaching certificate received: \_\_\_\_\_  
Month/Day/Year

Completion of accredited lead-specific training. Check as many disciplines as apply and complete information for each. Attach additional sheets of paper if necessary.

Discipline: ☐ Inspector ☐ Risk Assessor ☐ Supervisor ☐ Project Designer ☐ Abatement Worker

Specify UDEQ/DAQ, USEPA, or USEPA-authorized State, Territory, or Tribe: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_ Name of Training Center: \_\_\_\_\_

Training Center Address: \_\_\_\_\_  
Street Address, Suite No. City State Zip Code

Training Center Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_ Date Training Completed: \_\_\_\_\_  
Month/Day/Year

☐ Experience, or ☐ Education, or ☐ Training in an appropriate field

Field: \_\_\_\_\_

Location: \_\_\_\_\_  
City State

Years of applicable experience or education: \_\_\_\_\_

## G. Other Qualifications

Discipline in which last accreditation received: \_\_\_\_\_ Date received: \_\_\_\_\_  
Month/Day/Year

Name and Location of Training Program: \_\_\_\_\_  
Name City State

Course Title(s), if applicable: \_\_\_\_\_

Have you received approval for training courses from the UDEQ/DAQ, USEPA or a USEPA-authorized State, Territory, or Indian Tribe? ☐ Yes ☐ No

**If yes**, please attach a detailed explanation.

Do you hold current permits, licenses, certifications, or registrations in the lead-based paint activity field from the UDEQ/DAQ, USEPA or a USEPA-authorized State, Territory, or Indian Tribe? ☐ Yes ☐ No

**If yes**, please fill in the following blanks, one line for each permit, license, certification, or registration. Attach additional sheets of paper if necessary.

Certification Discipline	Regulating Agency (UDEQ/DAQ, USEPA, USEPA authorized State, Territory, or Indian Tribe)	Certification/Identification Number	Certification Expiration Date
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Certification Discipline	Regulating Agency (UDEQ/DAQ, USEPA, USEPA authorized State, Territory, or Indian Tribe)	Certification/Identification Number	Certification Expiration Date
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## H. Additional Information

Use the following space for any additional information or comments that you feel are relevant and should be considered with the application. Attach additional sheets of paper if necessary.

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## I. Certification Statement

I certify that the lead-based paint activity training program described in Parts A through I of this application, including any attachments, meets the requirements established in R307-840, Utah Administrative Code. I hereby attest and affirm that the information included on this application, including any attachments, is true and correct to the best of my belief and knowledge. I acknowledge that any accreditation issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation. I also attest and affirm that I will maintain my accreditation(s) according to R307-840, Utah Administrative Code, and conduct lead-based paint activities training only in those fields in which I have received accreditation. A false statement on this form may lead to prosecution or to imposition of applicable criminal and civil penalties and/or administrative remedies.

Training Program Manager's Signature

Date Signed

Training Program Manager's Printed Name

Applicant's Title (if applicable)

**Before you mail your application, please check to make sure you have:**

- |   |  |
|---|--|
| <input type="checkbox"/> Filled out all appropriate sections of the application   | <input type="checkbox"/> Signed and dated the application  |
| <input type="checkbox"/> Enclosed course manual(s) and course agenda(s) (If not using EPA model training materials)   | <input type="checkbox"/> Enclosed a description of the training facilities and equipment to be used for lecture and hands-on training  |
| <input type="checkbox"/> Enclosed a course description outline which includes the minimum training curriculum requirements                                  | <input type="checkbox"/> Enclosed a description of the activities and procedures that will be used for conducting the assessment of hands-on skills training for each course |
| <input type="checkbox"/> Enclosed education, experience, training, and any other documents for the Training Program Manager and Principal Course Instructor | <input type="checkbox"/> Enclosed a quality control plan   |
|   | <input type="checkbox"/> Enclosed a legible copy of your IRS 501(c)(3) letter (if applicable)  |
| <input type="checkbox"/> Enclosed a copy of the course test blueprint   | <input type="checkbox"/> Enclosed a sample course completion certificate   |
| <input type="checkbox"/> Enclosed the appropriate course accreditation fee(s)   | <input type="checkbox"/> Made a copy of the application for your files   |

**Mail original completed application, supporting materials and fees in one package to:**

Utah Department of Environmental Quality  
Division of Air Quality  
Lead-Based Paint Program  
150 North 1950 West  
P.O. Box 144820  
Salt Lake City, UT 84114-4820

**Official Use Only**

***Applicants: Please do not write in this area***

**Official Use Only**

Date Application Received \_\_\_\_\_ Fee Amount Received \_\_\_\_\_

Date Application Reviewed \_\_\_\_\_ Date Additional Information Requested \_\_\_\_\_

Date Course(s) Reviewed \_\_\_\_\_ Date Course(s) Approved \_\_\_\_\_

DAQH-0361-02